

# **Employee Benefits Guide**

**For Employees Represented by the International  
Brotherhood of Electrical Workers  
(IBEW) Local 77**

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2009



City of Seattle  
Personnel Department





January, 2009

Dear International Brotherhood of Electrical Workers Local 77 Members,

Seattle is a great city in which to live and work. The people of Seattle are working to preserve the special environment that we enjoy here in the Pacific Northwest. As an employee of the City of Seattle, you have a unique role in helping local government meet the challenges of the future.

The purpose of city government is to provide services to the citizens and taxpayers of our community. In order to carry out that responsibility, the City of Seattle employs approximately 11,000 people. As an employer, the City offers a benefits package that helps provide for your health care, disability and survivor needs. We make it a priority to provide choices to help you address your unique financial needs.

We have provided this booklet to assist you in understanding our employee benefits program and to help you choose the benefits that best fit your needs. You will find information about the benefits offered to City of Seattle employees, the answers to many commonly asked questions, and important deadlines for our new employees. This booklet also covers other Work Life Programs the City offers that are designed to help you manage your life and promote a satisfying and productive relationship between you and the City. Other information is available from your department Human Resources Representative.

Sincerely,

Mark M. McDermott, Director  
Personnel Department

Please note: We've made every attempt to ensure the accuracy of this information. If there is any discrepancy between this booklet, the insurance contracts, other legal documents or the terms of an authorized collective bargaining agreement, the contracts, legal documents and applicable collective bargaining agreements will always govern.

The City of Seattle intends to continue these plans indefinitely but reserves the right to amend or terminate them at anytime in whole or part, for any reason, according to the amendment and termination procedures described in the legal documents. This booklet does not create a contract of employment with the City of Seattle.

## If you have difficulty understanding the information in this Guide

Help is available if you have trouble reading or understanding this Guide. If the problem you have is not addressed below, please call the City Benefits Unit at 206-615-1340 so we can provide the assistance you need.

- **English is Your Second Language?** If English is not your native language, translators are available to help you. Many City employees have volunteered to translate for fellow employees. To find someone who “speaks your language” click here [http://inweb/LanguageBank/LB\\_Lookup.asp](http://inweb/LanguageBank/LB_Lookup.asp) . Inside the light blue box, click the arrow next to the white box and find the language you speak. Click the GO button. You will find a list of employees who speak that language. If the “Translate” box contains a “Y,” that person will translate for you. Call and find a time he/she is available; make an appointment with the City Benefits Unit (206-615-1340) and bring that person with you. Together we’ll help you understand your City benefits.

If you do not have access to a computer, ask your Department’s HR/Benefits representative to help you, or call the Benefits Unit at 206-615-1340.

- **Hearing Impaired?** If you use a TDD, the City provides translation services. Call 7-1-1 or 1-800-833-6384 on your TDD. You will be connected with the Washington Relay Service. Give them the number of the party you wish to call. They will call the person for you, then translate information from your TDD to the person you are calling.
- **Visually Impaired?** This Guide is available in a larger font. To request an electronic copy, contact the Benefits Unit at 206-615-1340.
- **Would rather *hear* the information than *read* it?** If your understanding is improved by having someone read or paraphrase information for you, you are invited to attend a benefits orientation. Orientations cover all City Benefits and provide ample time for questions. You can meet with the presenter after the session if you have questions you would like to ask confidentially. Orientations are held every week - call 206-615-1340 to sign up.

If you have further questions or concerns or would like to speak to someone confidentially, call the Benefits Unit (206-615-1340).

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# Eligibility and Coverage Information

The City of Seattle prides itself in providing its employees and their families with comprehensive, high-quality benefits.

## **Medical**

The City offers regular employees who are represented by IBEW Local 77 and their dependents a choice among three healthcare plans:

- City of Seattle Preventive
- City of Seattle Traditional
- Group Health Cooperative Standard Plan

## **Dental**

The City offers dental coverage through Washington Dental Service or the Dental Health Services Plan.

## **Vision**

The City offers vision coverage through Vision Service Plan for most employees.

## **Life Insurance & Long-Term Disability (LTD)**

The City offers Basic Long-Term Disability insurance and shares the cost of Group Term Life insurance, both of which can be supplemented by the employee.

## **Accidental Death & Dismemberment (AD&D)**

The City offers an employee-paid group AD&D insurance plan.

## **Flexible Spending Accounts (FSAs)**

Employees can pay for employment-related dependent care costs and/or eligible health care expenses with up to \$5,000 per account per year in pre-tax dollars.

## **Long-Term Care (LTC) Insurance**

The City offers an employee-paid LTC program with guaranteed acceptance for employees who enroll within 60 days of their hire date. Family members are also eligible but must provide proof of good health. The plan has a daily maximum benefit option and can be purchased with or without inflation protection.

## **Deferred Compensation**

The City offers a tax deferred "457" plan which allows employees to invest current, pre-tax earnings to generate additional retirement income.

## **Employee Assistance Program (EAP)**

The City provides an independent professional, confidential counseling service to assist employees with personal or work-related problems.

## Eligibility and Coverage Information

### Eligibility for Regular Employees

If you are a regularly appointed employee in a full or part-time position (at least 20 hours per week) you are eligible to participate in the medical, dental, vision, life, AD&D, LTD, FSA, deferred compensation, LTC and EAP plans.

### Eligible Dependents

The following family members are eligible to participate in the medical, dental, vision, supplemental life insurance, accident coverage, LTC insurance and EAP programs:

- Your spouse or domestic partner (an Affidavit of Marriage/Domestic Partnership must be filed with your Department's Human Resources Unit)
- Unmarried children of you, your spouse or domestic partner who are:
  - Under age 25, unmarried, and primarily dependent on you for support regardless of whether they are in school.

Coverage may continue for a handicapped/incapacitated child if the child becomes disabled prior to the limiting age, provided that proof of his or her fully handicapped/incapacitated status has been documented by a physician.

### New Employee Enrollment

If you are a newly hired employee, you must enroll in/apply for medical, dental, vision, life, AD&D and/or supplemental LTD coverage within 31 days of your hire date. You have two enrollment options: 1) online through the Employee Self Service portal, or 2) by submitting a *Benefit Election Form* to your Department's Human Resources Representative. If you miss the deadline, you must wait for the next open enrollment period. For guaranteed acceptance into the Long-Term Care Program, you must enroll within 60 days.

If you do not enroll in life or LTC insurance coverage when first eligible, you will be required to complete a *Medical History Statement or proof of good health* for the insurance carrier. If you enroll later, you are not guaranteed coverage as you are when first eligible. Supplemental disability has longer preexisting condition restrictions if you apply at a later date.

## Eligibility and Coverage Information

### **When New Employee Coverage Begins**

Coverage begins for you and your dependents on your first day of employment if that date is:

- the first calendar day of the month designated as a City business day, or
- the first calendar day of the month designated or recognized as the first working day for the shift to which you are assigned, whichever is later.

If your employment begins after this date, your coverage will begin the following month. To be covered, you must enroll within 31 days of hire.

### **What if I miss the enrollment deadline?**

If you fail to enroll online or submit your enrollment forms within 31 days of your hire date, you will not be able to enroll in a medical plan until the next open enrollment period (or within 31 days of a change in family status). However, you will automatically be enrolled for dental and vision coverage. Your dental coverage will default to the Dental Health Services plan.

You will also need to meet additional requirements to be eligible for Life Insurance and Long-Term Disability Insurance (LTD). You will be required to submit a Medical History Statement and have it approved by the insurance company in order to be eligible for Life Insurance coverage. You will have an additional waiting period for LTD.

### **How do I enroll?**

To enroll in medical, dental and vision coverage, you must enroll online or complete and submit a benefit election form to your Human Resources Representative within 31 days of your hire date. Flexible Spending Accounts and optional insurances have separate enrollment forms. If you choose paper forms, make sure all forms are complete, signed and dated before they are submitted. Forms are available at the end of this booklet, from your Human Resources Representative or on the Personnel Department's Benefits website

<http://inweb/personnel/benefits> . Online enrollment starts here  
<http://selfservice/>



## Eligibility and Coverage Information

### Can I enroll my dependents?

Yes, the following dependents are eligible:

- Your spouse or domestic partner;
- Your natural or adopted children, or children placed for adoption;
- Children of your domestic partner who live with you;
- Stepchildren who live with you; or
- Any child for whom you are legal guardian or for whom coverage is required by a Qualified Medical Child Support Order.

To be eligible for coverage, dependent children must be under age 25, not married, and primarily dependent on you for financial support regardless of whether they go to school.

AD&D (family coverage)	Up to age 25 (through age 24)
Group Health Cooperative Standard plan, Preventive Plan, Traditional Plan, Washington Dental, Dental Health Services, and Vision Service Plan	Up to age 25 (through age 24)
Supplemental Group Term Life Insurance	Up to age 25 (through age 24)

Visit <http://inweb/personnel/benefits> for more information.

## Eligibility and Coverage Information

### Open Enrollment

Coverage may continue for a handicapped/incapacitated child if the child becomes disabled prior to the limiting age, provided that proof of fully handicapped/incapacitated status has been documented by a physician.

Call your department human resources representative or the City's Benefits Unit (206-615-1340) if you have questions.

Open enrollment is held once each year in the fall. During this time, you can change your benefits plans, add and drop dependents, and add or drop coverages. If you make changes during open enrollment, your new coverage is effective on January 1 of the new (next) plan year. Increases in your Life insurance coverage are subject to the approval of your *Medical History Statement* by the life insurance carrier. Fall is also the time to enroll in the Flexible Spending Account program (Health Care and Dependent Care). You must re-enroll every year, even if you had an account the previous year. Open enrollment changes can be made online, or with paper forms.

You must enroll a new spouse or domestic partner within 31 days of your marriage or establishment of a domestic partnership. You have 60 days to add a child acquired through birth, adoption, placement for adoption, legal guardianship, marriage or domestic partnership. If you miss the deadline, you can only add dependents during the annual open enrollment period unless you have a family change of status.

### Life Events That Affect Your Benefits

If you have a change in family status, you may be able to make a related change to your benefits. Here are several examples. Contact HR if any of the following occur.

- You adopt a child, you may add coverage for that child (you may not add coverage for your other children at that time).
- Your child loses coverage under your spouse's coverage, you may add this child to your plan.
- You get married or form a domestic partnership, you may enroll your new spouse or domestic partner and his/her eligible children.
- Your spouse or domestic partner loses coverage due to termination of employment, change in employment status, or beginning an unpaid leave of absence.
- Your spouse or domestic partner gains coverage due to start of employment, change in employment status, or ending an unpaid leave of absence.
- You get divorced, separate, or dissolve a domestic partnership.
- Your dependent child no longer meets the age requirements for medical/dental/vision.



## Eligibility and Coverage Information

### Paying for Benefits

If you elect medical coverage, the City of Seattle pays most of the premium for you and your eligible, enrolled dependents. The amount you pay depends on which plan you select and whether you cover a spouse or domestic partner. Dental and vision are fully paid by the City for most employees.

### Payroll Deductions

#### Medical

Medical premiums are deducted each month on a pre-tax basis. Pre-tax deductions are exempt from Social Security taxes. This may slightly reduce your future Social Security benefits, but most people find that ongoing tax savings outweigh a future reduction in Social Security benefits, if any. If this is a concern for you, we recommend that you discuss it with your financial advisor. (Premium amounts paid for a domestic partner cannot be taken on a pre-tax basis if your partner is not a dependent on your IRS tax form.)

Your share of the cost for your medical premium is taken in equal amounts from the first and second paychecks of the month for the coming month on a pre-tax basis. For example, premium deductions taken from the March paychecks provide for April coverage.

Costs for each plan may change from year to year. You will get next year's information during the annual Open Enrollment.

#### Supplemental Long-Term Disability

Your Supplemental LTD after-tax deduction is taken from your second paycheck of the month. The premium amount you pay for Supplemental LTD coverage may vary each month because it is a percentage of your monthly earnings.

#### Accidental Death and Dismemberment

Your AD&D after-tax deduction is taken from your first paycheck of the month for that month's coverage.

#### Long-Term Care

Your LTC Care after-tax deduction is taken in equal amounts from your first and second paychecks each month.

#### Flexible Spending Accounts (Health Care & Dependent Care)

Your FSA pre-tax deduction is taken in equal amounts from your first and second paychecks each month.



## Eligibility and Coverage Information

### When Coverage Ends

Your medical/dental/vision, Basic and Supplemental Long-Term Disability, Basic and Supplemental Life and AD&D coverages end on the last day of the calendar month in which:

- You are no longer eligible
- You resign, retire or are terminated
- You stop making any required payment.

Your medical, dental and vision coverages will also end on the day:

- The plan terminates
- You die (your dependents' coverage will end on the last day of the calendar month in which you die).

To help you maintain health coverage, Congress passed the Consolidated Omnibus Reconciliation Act (COBRA) in 1986. Under this law you are eligible to purchase continuing medical only or medical/dental/vision coverage under certain circumstances when your group health plan coverage with the City ends.

### How to Continue Coverage

If you are a City employee and are receiving medical, dental and vision coverage, you and your covered dependents have the right to elect COBRA continuation coverage for up to 18 months if your coverage is lost because of one of these qualifying events:

- Your employment ends for a reason other than gross misconduct
- Your work hours are reduced to the point where you no longer are eligible for benefits.

The 18-month COBRA continuation period may be extended to 29 months if you or a family member (who is a qualified beneficiary) is disabled according to Social Security at the time of one of the aforementioned qualifying events. This 11-month extension is available to all qualified beneficiaries who lose coverage due to termination of employment or a reduction of hours. Covered family members have the right to choose COBRA continuation coverage for up to 36 months if coverage is lost for any of the following qualifying events:

- Death of the employee
- Divorce or legal separation of the employee and spouse. (The City also allows domestic partners to continue coverage in the event the partnership is dissolved.)
- A dependent child loses dependent child status under the terms of the City's plan.

The Life, AD&D, and disability plans have conversion options. You can continue your Long-Term Care by requesting direct billing.

# Benefits and Your Personal Financial Planning

Because everyone's medical and financial situations are different, the City offers a variety of plans to help protect employees and their families from the financial hardship that unusual medical expenses can bring. The plans are designed to cover much of the cost of medically necessary health care services. However, employees still bear a portion of their medical service costs in the form of premiums, deductibles, copayments and coinsurance.

Because health care costs may be unanticipated, we encourage you to plan and save in advance for your out-of-pocket costs. If you can accurately anticipate some medical, dental and/or vision expenses for the following year – such as prescriptions, glasses, orthodontia, office visit copays and deductibles – you might want to consider participating in the Health Care Flexible Spending Account (FSA).

The Health Care FSA is a tool to support your financial planning and maximize the value you get for dollars spent on health care. If you can accurately calculate medical, dental, or vision expenses for the following year, you can use the Health Care FSA during Open Enrollment to set aside pre-tax dollars to pay for eligible out-of-pocket medical expenses for you and your family. Here are additional ways to cut costs and save money.

- Quit smoking and encourage your family to quit. Enroll in the City's free cessation tobacco program by calling Free and Clear at To enroll call 1-866-QUIT-4-LIFE (1-866-784-8454). Any of your dependents age 18 and over may enroll.
- Be more active and eat nutrient dense food. Since 70% of all diseases and conditions are preventable, healthy behavior reduces future health care costs and enhances your life now.
- Go to check ups and screenings. Have regularly scheduled physical examinations by your doctor, dentist, eye doctor and so on. Take advantage of free medical screenings, flu shots and go to the City's wellness and benefits fairs.
- Choose the best health plan for you and your family. There is more to selecting a good health plan than just the payroll deduction. If you are shopping for a health plan, compare the premiums along with what is and is not covered by the various plans.
- Stay within the network. Look for doctors and health care providers that are within the plan's network.
- Review medical bills carefully. Billing errors can cost you hundreds or even thousands of dollars. Contact the billing office if there is a billing error or you do not understand what is on your bill. Be proactive. You can also often negotiate fees and bills that you feel are too high.

## City of Seattle's Health Care Options

### Medical Plans

City of Seattle Preventive Plan  
City of Seattle Traditional Plan  
Group Health Cooperative Standard Plan

### Dental Plans

Washington Dental Service (WDS)  
Dental Health Services (DHS)

### Vision Plan

Vision Service Plan (VSP)

### Optional Coverages

Long-Term Disability (LTD)  
Group Term Life Insurance (GTL)  
Supplemental Life Insurance  
Accidental Death and Dismemberment (AD&D)  
Long-Term Care (LTC)

**New Employees:** Remember - You have 31 days from your hire date to enroll in the medical, dental, vision and most optional insurance plans. For Long-Term Care, you have 60 days from hire for guaranteed coverage; to enroll at any other time during the year, you must provide evidence of good health.

## Health Care Options

### **How to Choose a Medical Plan**

The City offers four different medical plans. Plan features, coverages and costs vary. The City's self-insured plans offer unlimited choice of doctors; however, coverage is better if you use doctors in the Aetna network. The Group Health Cooperative (GHC) Standard plan requires that you use the GHC network of doctors, clinics, hospitals and pharmacies, but offer a higher level of coverage. Plans offering better coverage (City Preventive and Group Health Cooperative) have lower copays but higher monthly premiums. Plans with larger annual deductibles have lower or no monthly premiums.

When making your decisions, you should consider cost, choice, and coverage. Here are some questions to ask yourself:

- Do you want a plan that allows you to choose any doctor, hospital or clinic (City self-insured plans) or are you willing to stay within a network (GHC) and receive a higher level of coverage?
- Would you rather have no annual deductible (City Preventive Plan) or no annual deductible (GHC Standard Plan) with a lower monthly premium?

The following very brief plan descriptions may help you make these choices.

## Health Care Options

### **City of Seattle Self-insured Plans**

The City has two self-insured plans — the Preventive Plan and the Traditional Plan. The plans use the Aetna network of providers, and claims are administered by Aetna.

### **Preventive Plan**

There are no annual deductible or office visit copays if you use an in-network provider. If you go to an out-of-network provider, the plan has a \$250 annual deductible per person (\$750 per family) and a \$5 copay for office visits. The out-of-network deductible applies to most services except where a copay applies.

### **Traditional Plan**

This plan has a \$100 annual deductible per person (\$300 per family). Most services are covered at 80% if you use an Aetna network provider. Preventive care is covered with a maximum of \$300 per calendar year. Mammograms are paid at 80% and are not applied to the \$300 maximum.

### **What If Don't Use the Aetna Network?**

Both of the City's self-insured plans include the Aetna network of doctors; however, you choose whether to use a network or non-network provider when you require care. If you choose a doctor who is not in the network, you will pay a higher percentage of the cost of the visit. Another issue to keep in mind is that prices charged by a non-network provider are often higher than those charged by a network provider. If you use a non-network provider, you will pay 40% of the network cost for a service, and your doctor may charge you the entire amount over the established network price.



## Health Care Options

### **Group Health Cooperative**

Group Health Cooperative (GHC) is a health maintenance organization which provides an integrated system of health care services. All services are delivered in GHC clinics, hospitals and pharmacies. You must use GHC providers and facilities unless a GHC doctor refers you elsewhere. You do not need a physician's referral to see most GHC specialists.

The City offers one plan through Group Health Cooperative for City employees represented by IBEW Local 77.

### **GHC Standard Plan**

This is a managed care plan with no deductible and an office copay of \$5. Most services are covered at 100% after payment of a copay. Preventive care is covered.

## Health Care Options

### Premium Sharing

**Year 2009**

Effective January 1, 2009, you will pay the monthly premium amount listed below. The table also shows the total premium amount each month for each employee's coverage, and the City's contribution.

<b>Medical Plan</b>	<b>Employee's Monthly Premium</b>	<b>City's Contribution toward Total Premium</b>	<b>Total Monthly Premium</b>
<b>City of Seattle Preventive</b>	\$53.86	\$1,028.70	\$1,082.84
<b>City of Seattle Traditional</b>	\$54.58	\$1,042.31	\$1,097.17
<b>GHC Standard</b>	\$46.76	\$888.45	\$935.21

Your premium will be divided into two equal payments and taken from the first two pay checks of the month before the actual month of coverage. (Deductions taken in January will pay the February premium.) No premiums are deducted from the third paycheck. The premiums will be deducted on a pre-tax basis, which will save you 15%-30% on taxes, depending on your tax bracket.

## Domestic Partner Taxable Values

### Value of Benefits May Be Taxable

To cover a spouse or domestic partner (and dependents of your domestic partner), you must complete a Benefit Election form and an Affidavit of Marriage/ Domestic Partnership. If you enroll your domestic partner and your domestic partner's children, you will be taxed on the value of their medical coverage if they are not your tax dependents. (The value of the benefits will be added to your gross income.) The table below shows the taxable values for benefits for domestic partner and dependents.

### Termination of a Domestic Partner

Employees may terminate a domestic partner's coverage at any time during the year by completing a Benefit Election Form removing the individual from coverage. When an employee terminates a domestic partner from coverage due to a termination of the partnership, a Statement of Termination of Marriage/ Domestic Partnership form must also be completed. An employee cannot file a new Affidavit until 90 days have elapsed from the termination of the prior partnership, unless the termination was due to the domestic partner's death.

### Taxable Value of Benefits for City Employees Represented by IBEW Local 77

<b>2009 Monthly Taxable Values of City Benefits for Domestic Partners/Same-Sex Spouses</b>		
<b>Type of Coverage</b>	<b>Domestic Partner/Same sex Spouse Taxable Value</b>	<b>Taxable Value Per Child</b>
<b>Medical</b>	\$461.28	\$206.10
<b>Dental</b>	\$62.01	\$32.97
<b>Vision</b>	\$4.26	\$1.90
<b>Total Taxable Value</b>	<b>\$527.55</b>	<b>\$240.98</b>

## Plan Comparison Examples

The following table compares the plans in four different scenarios where employees would use services: a routine physical exam, a regular office visit (such as for an illness), outpatient treatment at a hospital, and surgery performed by a specialist. Costs for each service are compared by plan. For a more complete summary of benefits by plan, see the table that follows this example.

	<b>PREVENTIVE PLAN</b>		<b>TRADITIONAL PLAN</b>		<b>COOPERATIVE</b>
	<b>In-network</b>	<b>Out-of-network</b>	<b>In-network</b>	<b>Out-of-network</b>	<b>GHC Standard Plan</b>
<b>Individual deductible</b>	No deductible	\$250	\$100	\$150	No deductible
<b>Family deductible</b>	No deductible	\$750	\$300	\$450	No deductible
<b>Office visit</b>	100% after \$5 copay	Covered 70%	Plan pays 80%	Covered at 60%	Plan pays 100% after \$5 copay.
<b>Outpatient treatment at a hospital</b>	Covered at 100%	Covered at 70%	Covered at 80%	Covered at 60%	Paid at 100%.

## 2009 Summary of Medical Benefits—IBEW Local 77

This summary is intended to assist you in decision making. Details of covered benefit limitations and exclusions are provided in your benefit booklet. This summary is not a contract.

Group Health Cooperative (GHC) Standard Plan	City of Seattle Traditional		City of Seattle Preventive	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per calendar year)				
Does not apply	\$100 per person, \$300 per family	\$150 per person, \$450 per family	Does not apply	\$250 per person, \$750 per family
Annual Out of Pocket (OOP) Maximum (excluding deductible if applicable)				
\$750 per person, \$1,500 per family	\$200 per person – applies to 20% coinsurance	\$1,200 per person - applies to 40% coinsurance	\$500 per person \$1,000 per family (applies to emergency room copays)	\$3,000 per person \$6,000 per family Most costs paid in full after out-of-pocket maximum is paid.
Maximum Lifetime Benefits Payable				
None	\$1,000,000		\$1,000,000	\$1,000,000
Inpatient Pre-Admission Authorization				
Except for maternity or emergency admissions, must be authorized by GHC	Except for maternity or emergency admissions, your physician must contact Aetna prior to your admission.		Except for maternity or emergency admissions, your physician must contact Aetna prior to your admission	
Choice of Providers				
All care and services must be approved and/or provided by GHC or GHC designated providers.	Any Aetna contracted provider member. No primary care physician selection required. No referrals required.	Any licensed, qualified provider of your choice. Expenses paid based on reasonable* charges. You pay the difference between R&C and billed charges.	Any Aetna contracted provider member. No primary care physician selection required. No referrals required.	Any licensed, qualified provider of your choice. Expenses paid based on reasonable* charges. You pay the difference between R&C and billed charges.
	Outside the service area: Any licensed, qualified provider. Expenses paid based on Reasonable and Customary (R&C)* charges. You pay the difference between R&C and billed charges.			

Group Health Cooperative (GHC) Standard Plan	City of Seattle Traditional		City of Seattle Preventive	
	In-Network	Out-of-Network	In-Network	Out-of-Network
COVERED EXPENSES				
Acupuncture				
Paid at 100% after \$5 copay with physician's referral for certain conditions.	Paid at 80%	Paid at 60%	Paid at 100% after \$5 copay	Paid at 70%
Maximum of eight visits per condition per calendar year.	Maximum of 12 visits per calendar year. Maximum does not include acupuncture treatment for chemical dependency.			
Ambulance Service				
Paid at 80%. GHC-initiated non-emergency transfers are paid at 100%	Paid at 80% when medically necessary		Ground ambulance paid at 100% when medically necessary. Non-emergency transportation must be approved in advance by Aetna.	
Chemical Dependency Treatment (alcohol/drug addiction)				
Inpatient: Paid at 100% Outpatient: Paid at 100% after \$5 copay	Paid at 80%		Inpatient: Paid at 100% Outpatient: Paid at 100% after \$5 copay	Inpatient: Paid at 70% Outpatient: Paid at 70%
Combined benefit maximum of \$14,500 per 24 month period for inpatient and outpatient services	Combined benefit maximum of \$14,500 per 2-year period for inpatient and outpatient services, and preferred and participating services.		Combined benefit maximum of \$14,500 per 24 month period for in-network and out-of-network services	
Contraceptives				
Contraceptive drugs and devices: see Prescription Drug benefit.	Oral contraceptive drugs: see Prescription Drug benefit. Contraceptive devices and other prescription contraceptive products covered as medical benefit.	Oral contraceptive drugs: not covered. Contraceptive devices and other prescription contraceptive products covered as medical benefit.	Oral contraceptive drugs: see Prescription Drug benefit. Contraceptive devices and other prescription contraceptive products covered as medical benefit.	Oral contraceptive drugs: not covered. Contraceptive devices and other prescription contraceptive products covered as medical benefit.
Durable Medical Equipment				
Paid at 80%	Paid at 80%		Paid at 100%	Paid at 70%
	Maximum benefit unlimited for in-network and out-of-network combined.		Maximum benefit unlimited for in-network and out-of-network combined.	
Emergency Room Services				
GHC facility: Paid at 100% after \$50 copay (waived if admitted) Non-GHC facility: Paid at 100% after \$100 deductible (waived if admitted)	Paid at 80%.	Paid the same as in-network except if it's non-emergency, then it's 60%	Paid at 100% after \$50 copay (waived if admitted.) Urgent Care paid at 100% after \$35 copay.	Paid the same as in-network except if it's non-emergency, then it's 70% after \$50 copay. (waived if admitted). Urgent care paid at 70%. Urgent Care is paid at 100% after \$35 copay.

Group Health Cooperative (GHC) Standard Plan	City of Seattle Traditional		City of Seattle Preventive		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Hospice					
Paid at 100% when authorized	Paid at 90%. Lifetime maximum of 6 months. 14 day inpatient limit. 120 hour limitation for skilled nursing care.		Paid at 100% Maximum of 6 months for inpatient and outpatient combined.	Not covered	
Maternity Care (Inpatient)					
Delivery and related hospital.. Paid at 100%	Paid at 80%	Paid at 60%	Paid at 100%	Paid at 70%	
Maternity Care (Outpatient)					
Paid at 100% after \$5 copay	Paid at 80%	Paid at 60%	Paid at 100% after \$5 copay	Paid at 70%	
Mental Health Care (Inpatient)					
Paid at 100%.	Paid at 80%	Paid at 60%	Paid at 100%	Paid at 70%	
Mental Health Care (Outpatient)					
Paid at 100% after \$5 copay per individual, family or couple session. Copays apply to the annual out-of-pocket maximum.	Paid at 50%. Coinsurance does not apply to the annual out-of-pocket maximum.		Paid at 100% after \$5 copay Copays do not apply to the annual out-of-pocket maximum.	Paid at 70% Coinsurance applies to the annual out-of-pocket maximum.	
Neurodevelopmental Therapy (for children under age 7)					
Covered under Rehabilitation benefit.	Paid at 80%		Inpatient: Paid at 100% Outpatient: Paid at 100% after \$5 copay.	Paid at 70%. Coinsurance applies to the annual out-of-pocket maximum.	
	Maximum of \$2,000 per calendar year for preferred and participating services combined. Coinsurance does not apply to the out-of-pocket maximum.		Maximum of \$3,000 per calendar year for in-network and out-of-network combined.		
Physician and Hospital Services (Inpatient)					
Inpatient: Paid at 100%		Paid at 80%	Paid at 60%	Paid at 100%	Paid at 70%
Physician and Hospital Services (Outpatient)					
Paid at 100% after \$5 copay for most visits	Paid at 80%	Paid at 60%	Paid at 100% after \$5 copay per visit	Paid at 70%	

Group Health Cooperative (GHC) Standard Plan	City of Seattle Traditional		City of Seattle Preventive	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Prescription Drugs (retail)</b>				
For a 30-day supply: \$5 copay. Contraceptive drugs and devices are covered subject to the pharmacy copay. Copays do not apply to the annual out-of-pocket maximum.	For a 34-day supply or 100 unit supply (whichever is greater): \$8 copay. You pay the difference between generic and name-brand. Oral contraceptives are covered. Contraceptive devices and other prescription contraceptive products are covered under the medical plan benefit. Copays do not apply to out-of-pocket maximum. Non-formulary drugs not covered.	Not Covered	For a 31-day supply: Generic: \$5 copay Preferred brand name: \$10 copay Non-preferred drugs: \$25 copay Oral contraceptives are covered. Contraceptive devices and other prescription contraceptive products are covered under the medical plan benefit. Copays do not apply to out-of-pocket maximum.	Not covered
<b>Prescription Drugs (mail order)</b>				
3x \$5 copay per 90-day supply	For a 90-day supply: \$16 copay. Non-formulary drugs are not covered	Not Covered	For a 90-day supply: Generic: \$10 copay Preferred brand name: \$20 copay Non-preferred drugs: \$50 copay	Not Covered
<b>Preventive Care</b>				
Paid at 100% for preventive care visits, most immunizations, hearing exams, eye exams and mammograms.	Paid at 100% (deductible waived) Maximum of \$300 per calendar year. Mammograms paid at 80%.	Paid at 60% for mammograms, deductible waived.	Paid at 100% for periodic check-ups, well child care, immunizations, well woman care and mammograms.	Paid at 70% for well woman care and mammograms. No other preventive services covered.
	Mammograms limited to one per year for preferred and participating services combined and not applied to \$300 maximum.			



Group Health Cooperative (GHC) Standard Plan	City of Seattle Traditional		City of Seattle Preventive	
	In-Network	Out-of-Network	In-Network	Out-of-Network

Rehabilitation Services (Inpatient)				
Paid at 100%	Paid at 80%	Paid at 60%	Paid at 100%	Paid at 70%
Maximum of 60 days per condition per calendar year for all types of rehabilitation.	Maximum of \$50,000 per condition per calendar year for preferred and participating services combined.		Maximum of 120 days per calendar year for in-network and out-of-network combined.	
Rehabilitation Services (Outpatient)				
Paid at 100% after \$5 copay	Paid at 80%		Paid at 100% after \$5 copay	Paid at 70%
Maximum of 60 days per condition per calendar year for all types of rehabilitation.	Coinsurance does not apply to out-of-pocket maximum. Maximum calendar year benefit of \$2,000.		Benefit includes physical/massage, speech, occupational and cardiac/pulmonary therapy. Coinsurance does apply to the annual out-of-pocket maximum. Maximum of 20 visits per calendar year for each of the above listed benefits for in-network and out-of-network combined.	

Group Health Cooperative (GHC) Standard Plan	City of Seattle Traditional		City of Seattle Preventive	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Skilled Nursing Facility				
Paid at 100%; 60 day maximum per calendar year (in addition to coverage in lieu of hospitalization).	Paid at 80%		Paid at 100%	Paid at 70%
	Maximum of 90 days per calendar year.		Maximum of 120 days per calendar year for in-network and out-of-network combined.	
Smoking Cessation				
Paid at 100% for individual/group sessions. Nicotine replacement therapy included in Prescription Drugs benefit. No copay on all smoking cessation prescription drugs.	Lifetime maximum of one 90-day supply of smoking cessation aids or drugs. See Prescription Drugs, retail.	Not covered.	Not covered	
Spinal Manipulations				
Paid at 100% after \$5 copay. Self-referral to GHC designated providers. Must meet GHC protocol.	Paid at 80%		Paid at 100% after \$5 copay.	Paid at 70%
Maximum of 10 visits per calendar year.	Maximum of 10 visits per calendar year.		Maximum of 20 visits per calendar year for in-network and out-of-network combined.	
Sterilization Procedures				
Vasectomy and tubal ligation covered subject to applicable copayment	Paid at 80%	Paid at 60%	Inpatient: Paid at 100% Outpatient: Paid at 100% after \$5 copay.	Paid at 70%
Temporomandibular Joint (TMJ) Services				
Inpatient: Paid at 100%. Outpatient: Paid at 100% after \$5 copay. Maximum benefit of \$1,000 per calendar year/\$5,000 lifetime for inpatient and outpatient combined.	Not covered		Not covered	
Tooth Injury due to accident				
Not covered	Paid at 80%  Services of dentist or denturist covered based on R&C charges up to 12 months from injury date to a maximum of \$600. Physician and hospital benefits provided if inpatient care needed.		Inpatient: Paid at 100% Outpatient: Paid at 100% after \$5 copay.	Paid at 70%
			Services of dentist or denturist covered based on R&C charges up to 12 months from injury date. Physician and hospital benefits provided if inpatient care needed.	

Group Health Cooperative (GHC) Standard Plan	City of Seattle Traditional		City of Seattle Preventive	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Travel Outside of Country				
Emergency: Paid at 100% after \$100 deductible. Waived if admitted. Non-emergency: Not covered.	Emergency paid at 80%. Non-emergency paid at 60%		Not applicable	Paid at 100% after applicable office, or emergency room copay.
				Paid at 70% after applicable copay for non-emergency
Vision Hardware				
Covered under Vision Service Plan	Covered under Vision Service Plan.		Covered under Vision Service Plan	
Wellness Tools				
On line health profile to determine health risks. Health report and recommendations based on profile. Unlimited lifestyle coaching.  Group Health Medical Records: All claims are included in the member's permanent record. Health profile data is integrated into the electronic medical record.	On line health profile to determine health risks. Health report and recommendations based on profile. No lifestyle coaching.  Personal Health Record: Medical information is automatically populated based on claims data submitted. Targeted messages, alerts, and reminders via each individual's record.	N/A	On line health profile to determine health risks. Health report and recommendations based on profile. No lifestyle coaching.  Personal Health Record: Medical information is automatically populated based on claims data submitted. Targeted messages, alerts, and reminders via each individual's record.	N/A
X-ray and Lab Tests				
Paid at 100%	Paid at 80%	Paid at 60%	Paid at 100%	Paid at 70%

\* Applies to Aetna - Recognized charges are the lower of the provider's usual charge for performing a service, and the charge Aetna determines to be the recognized charge percentage in the geographic area where the service is provided.

^ Applies to Aetna – Aexcel network, a specialty network of doctors in the 13 specialty areas. The coinsurance level will drop 10% for non-Aexcel doctors in the 13 specialty areas (coinsurance applies to in-network, out-of-pocket maximum).

**This summary is intended to assist you in decision making. Details of covered benefit limitations and exclusions are provided in your benefit booklet. This summary is not a contract.**

# Prescription Drug Plans

## Prescription Drug Retail Program

### Preventive and Traditional Plans

Aetna classifies medications into three tiers: generic, preferred brand-name and non-preferred brand-name. Group Health Cooperative uses two classifications: generic and preferred brand. Generic and preferred brand-name drugs are medically equivalent to their non-preferred brand name counterparts, and they are less expensive. This tiered plan helps lower prescription drug expenses by encouraging the use of generic and preferred brand-name drugs. Of course, the final decision about which medication to use is always up to you and your doctor.

There is a \$10 copay for a 31-day supply of preferred brand name drugs and \$5 copay for generic with the Preventive Plan. Non-preferred drugs are covered with a \$25 copay. The Traditional plan covers a 34-day supply with a \$5 copay, and you pay the difference between the generic and brand-name. Non-formulary drugs are not covered.

When filling a prescription, present your ID card at any Aetna network pharmacy. Prescriptions filled at a non-network pharmacy will not be covered. You may contact the toll free Member Services number on the back of your ID card to find a participating pharmacy, or check the website [www.aetnavigators.com](http://www.aetnavigators.com)

### GHC Plans

You are responsible for a \$5 copay for prescriptions. The Group Health Cooperative Standard Plan requires that all prescriptions be filled at a GHC pharmacy. Prescriptions filled at any non-GHC pharmacy will not be covered.

## Prescription Drug Plan Comparison

Preventive Plan	Traditional Plan	GHC Standard plan
<p>Network Provider 31-day supply</p> <p>You pay \$5 copay for generic drugs, \$10 copay for preferred brand name, and \$25 for non-preferred drugs.</p>	<p>Network Provider 34-day supply</p> <p>You pay \$8 copay for prescriptions and the difference between generic and brand name drugs.</p>	<p>For a 30-day supply you pay a \$5 co-pay.</p>
Prescriptions at non-network pharmacies are not covered.		
<p><b>Prescription Drug Mail Order Program</b></p> <p><b>Preventive and Traditional Plans</b></p>	<p>The City's plans use the Aetna mail order drug program. By using the mail order service, plan members can save money. For a 90-day supply on the Preventive plan, you pay \$10 copay for generic drugs, \$20 copay for preferred brand name, and \$50 copy for non-preferred. Check the Aetna website (use Aetna Navigator's <i>Price-A-Drug</i> feature) to estimate costs.</p>	
<p><b>Group Health Cooperative</b></p> <p><b>GHC Standard Plan</b></p>	<p>The Group Health Cooperative Standard Plan also includes a mail order service through GHC designated pharmacies. You can order refills online or over the phone.</p> <p>The Group Health Standard Plan provides a 3-month supply of drugs for the cost of three \$5 copays. This option does not provide a cost savings, but provides the convenience of receiving your drugs through the mail with no shipping charges.</p>	

## Dental Options

	<p>You may choose between two dental plans - Washington Dental Service (WDS) and Dental Health Services - for your dental coverage.</p> <p><b>Washington Dental Service</b></p> <p>If you select WDS, you can choose any dentist, but your out-of-pocket expenses may be lower if you choose a dentist who belongs to the WDS network.</p> <p>Selecting a WDS dentist means:</p> <ul style="list-style-type: none"> <li>• The portion of the dentist bill you pay is smaller than if you use a non-network dentist.</li> <li>• You do not need to submit a claim - the dentist's office will submit the claim form.</li> <li>• After you pay your portion of the bill, the dentist will not bill you more for a covered service. (A non-WDS dentist may bill you for the portion of the bill that WDS does not cover.)</li> </ul>
<b>Payment of Basic Services</b>	<p>The WDS Plan is designed to encourage regular dental care. Each calendar year of your employment (January 1 through December 31) WDS pays an increasing share of certain dental costs up to 100%. During the first calendar year, allowable diagnostic and preventive services are covered at 70% after the \$50 annual deductible, <i>even if you had WDS coverage through a previous employer</i>. Each year the payment level advances 10% up to 100% as long as the eligible person obtains regular dental care and the \$50 annual deductible is met. For example, if you satisfy the deductible and use the plan's benefit during the first year, the plan pays 70%. If you satisfy the deductible and use the plan's benefits during the second year, the plan then pays 80%.</p> <p>If you fail to use basic services in a calendar year, the payment level will decrease 10% the following year. Payment levels will increase only if benefits are utilized in that year. However, the payment level will not drop below 70%.</p>
<b>Orthodontia</b>	<p>WDS offers orthodontia benefits for dependent children. Pre-treatment estimates are recommended. The orthodontia benefit is paid at a 50% level to a lifetime maximum of \$1,500 for each eligible child. There is no adult orthodontia coverage.</p> <p>Plan ahead: use your medical Flexible Spending Account to pay your portion of orthodontia with pretax dollars.</p>

# Dental Options

<p><b>Payment of Basic Services</b></p> <p><b>Orthodontia</b></p> <p><b>Dental Plan Comparison</b></p>	<p><b>Dental Health Services</b></p> <p>The Dental Health Services Plan provides greater benefits for services received in network than if you enroll in WDS, but the DHS network of participating dentists is smaller.</p> <p>Selecting a Dental Health Services dentist means:</p> <ul style="list-style-type: none"> <li>• There are no deductibles or annual maximums.</li> <li>• Coverage does not decrease if you do not visit your dentist regularly.</li> </ul> <p>This plan has an office visit copay of \$10 for all employees. There are also copays for selected services. The plan comparison on the next page lists services and copay requirements.</p> <p>DHS offers both child and adult (age 25 and over) orthodontia. Orthodontia charges include: a copayment of \$1,800 per adult or \$1,000 per child for orthodontic treatment; a \$150 charge for the initial exam, study models and X-rays; and a \$10 copay for each visit during the course of treatment.</p> <p>The table on the next page compares the coverages offered by the two dental plans.</p>
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2009 Dental Plan Comparison		
Plan Features	Washington Dental Service (WDS)	Dental Health Services (DHS)
Annual Deductible	\$0	\$0
Annual Maximum	\$2,000 per person per year	No Annual Maximum.
Outpatient Copay	None	\$5 copay per visit for the first three years of employment
Diagnostic and Preventive (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants)	Incentive payments levels 1 <sup>st</sup> Year – 70% 2 <sup>nd</sup> Year – 80% 3 <sup>rd</sup> Year – 90% 4 <sup>th</sup> Year – 100%	Paid at 100% Composite fillings for all teeth covered at no extra charge. Two additional cleanings for pregnant women, up to four cleanings.
Crowns, Inlays, Onlays	Paid at incentive levels shown above	Paid at 100% (plus copays per unit of \$70 for noble, \$100 for high noble, \$125 for upgraded, specialized porcelain if applicable.)
Prosthodontic Services (Dentures, Bridges)	Paid at 50%	Paid at 100%
Orthodontia	Paid at 50%  Benefits are provided only for dependent children under age 25 (through age 24) regardless of attending school. or through completion of treatment, whichever occurs first. Lifetime maximum amount payable is \$1,500 per eligible child.	\$400 copay, and \$150 pre-orthodontic service copay, which includes: Initial orthodontic exam \$25 Study models/x-rays \$125  No office visit copays for monthly visits. Benefits provided for eligible employees, spouse/partner, and dependent children under age 25 (through age 24) regardless of attending school or through completion of treatment, whichever occurs first.
Lifetime Maximum	\$1,500	N/A
Choice of Providers	In-Network: Any contracted provider. Out-of-Network: Any licensed, qualified provider of your choice.**	In-Network: Any contracted provider in the DHS network. Out-of-Network: No out-of-network coverage.
Periodontics (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth)	Paid at incentive levels above	Paid at 100%
Oral Surgery (routine and surgical extractions)	Paid at incentive levels above	Paid at 100%
Temporomandibular Joint (TMJ) Disorders	Not covered	\$1,000 annual max \$5,000 lifetime max
Dental Implants	Paid at 50%	Call the Dental Health Services office for details
Other	N/A	Occlusal (night guard) with \$350 copay

\*\* Expenses paid based on actual charges or average fee charged by 51% of providers in the area, whichever is less.



## Vision Coverage

### Vision Service Plan

Vision coverage is fully paid by the City and benefits are provided under the Vision Service Plan (VSP). If you use a VSP provider, you will receive the benefits listed in the following table. If you use a non-VSP provider, the Plan will reimburse you for expenses in the amounts shown.

### Vision Benefits

Plan Features	VSP Provider	Non-VSP Provider
<b>Eye exam:</b> Covered each calendar year	\$10 copay. Exam covered in full.	Covered up to \$35.
<b>Lenses and Frames:</b> Lenses covered every 12 months. Frames covered every 24 months.	\$25 copay. Single vision, lined bifocal, lined trifocal lenses are covered in full. Frames covered in full up to \$150.	\$25 co-pay. Lenses covered at \$30 to \$45 depending on type of lens. Frames covered up to \$30
<b>Contact Lenses:</b> Covered every 12 months. (You may choose between glasses or contacts. You are not eligible for both during the same service period.)	Full payment of eye exam, contact lens evaluation exam, and fitting. Contact lenses covered in full up to \$120 every 24 months.	Covered up to \$90. Includes eye exam, lens evaluation exam, fitting & materials.

## Workers' Compensation

If you are injured at work, you will be covered by the City's self-insured Workers' Compensation program. You are covered as soon as you start work. For more information on this program, consult your Employee Handbook. You can print or view a copy of the Employee Handbook online at <http://inweb/personnel/policy/pubs/handbook.pdf>

## Optional Insurance

### Optional Insurance Choices

The following is a list of all your optional insurance choices. The City of Seattle offers paid Basic Long-Term Disability Insurance and shares the cost of Group Term Life Insurance with you. Accidental Death and Dismemberment and long-term care insurance premiums are paid in full by the employee. You can purchase additional insurance coverage within 31 days of your hire date, during an open enrollment period, or within 31 days of a qualifying change in family status.

- Supplemental Long-Term Disability Insurance for yourself
- Life Insurance for yourself and dependents
- Accidental Death and Dismemberment (AD&D) Insurance for yourself and dependents
- Long-term care for yourself

### Long-Term Disability (LTD)

The basic benefits package provided by the City includes a Long-Term Disability (LTD) policy that will pay you a portion of your monthly pay if you are sick or injured and cannot work. If you are disabled (according to the definition in the Plan), the Plan will combine with other sources of income to pay you \$400 a month after a 90-day waiting period. Your maximum basic benefit will be \$400 per month while you are unable to work.

### Supplemental LTD

The City offers the opportunity to purchase additional LTD coverage. The additional LTD protection will combine with other income sources, if any, to provide you with 60% of your monthly base pay over \$667 up to a maximum \$8,333 of monthly base pay.

If you do not sign up for Supplemental LTD coverage as a new employee, you can elect to add Supplemental LTD earnings protection during a subsequent open-enrollment period; however, you may have a longer waiting period for pre-existing conditions.

**NOTE:** Long-Term Disability Insurance information for LEOFF II Police and Fire sworn employees is available through your union.

The cost for this additional level of earnings protection is figured according to the following formula:

### How Much Will Additional Disability Coverage Cost?

Subtract \$667 from your base monthly pay.  
Multiply the remaining amount by .0075.

For example, if your base monthly pay is \$2,000, your monthly premium would be \$9.99 per month.  
( $\$2,000 - \$667 = \$1,333 \times .0075 = \$9.99/\text{month}$ )

Your monthly cost will increase each time your pay increases.

## Optional Insurance

### **How to Decide if You Need Supplemental LTD**

When deciding whether or not to purchase Supplemental LTD, ask yourself the following questions:

1. If I were unable to work for a period of time, would I be able to support myself/family on the basic benefit of \$400 per month?
2. Do I have personal savings or other sources of income to maintain my current lifestyle if I am unable to work?

If you answer “no” to either of these questions, you may want to consider purchasing Supplemental LTD coverage.

If you are currently eligible to receive a retirement benefit from the City or you were to leave employment if you became disabled, you may not want to elect this coverage because the maximum LTD benefit you would receive under those circumstances would be \$100 per month.

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## Optional Insurance

### **Group Term Life (GTL) Insurance**

The City benefits program includes two levels of optional Term Life Insurance: Basic and Supplemental. The City and you pay for Basic Life Insurance; you pay the full cost for Supplemental Life Insurance. You can sign up for Group Term Life Insurance within 31 days of your hire date, during an open enrollment period, or within 31 days of a qualifying change in family status.

### **Basic Life Insurance**

This optional coverage provides you with a Term Life Insurance benefit amount equal to one-and-a-half times your annual salary. The City contributes 40% of the cost and you pay the other 60% of the cost. A table with information regarding the monthly cost of Basic Term Life Insurance follows.

If you sign up for Basic Term Life Insurance as a new employee, you are guaranteed coverage. However, if you sign up for it later, you will be required to complete a Medical History Statement, which must be approved by the insurance company before your life insurance takes effect. If you have certain health conditions, you could be denied coverage.

This policy includes a conversion privilege which allows you to continue some level of coverage if you leave City employment. Conversion is guaranteed, which means you can continue the policy regardless of any existing medical condition. It is more costly because of this provision, but could allow you to maintain coverage when you otherwise might not qualify for new life insurance coverage.

### **Limited Basic Life Insurance**

IRS rules state that the value of Basic Life Insurance over \$50,000, which is paid for by the City, is taxable. Because the City pays 40% of the cost for your Basic Term Life Insurance, you may have some taxable value. If you do, the amount on which you pay taxes will be shown on your second paycheck each month. You may limit your Basic Term Life Insurance coverage amount to \$50,000 to avoid the additional taxes by signing a notarized Waiver form available from your department Human Resources Representative.

Optional Insurance			
Employees' Cost for Basic Life Insurance (based on annual earnings)	Basic Life Insurance/Cost to Employees		
	Annual Earnings	Monthly Cost	Amount of Insurance
	\$36,000.01 – 37,000	\$4.50	\$55,500
	37,000.01 – 38,000	4.62	57,000
	38,000.01 – 39,000	4.74	58,500
	39,000.01 – 40,000	4.86	60,000
	40,000.01 – 41,000	4.98	61,500
	41,000.01 – 42,000	5.10	63,000
	42,000.01 – 43,000	5.22	64,500
	43,000.01 – 44,000	5.35	66,000
	44,000.01 – 45,000	5.47	67,500
	45,000.01 – 46,000	5.59	69,000
	46,000.01 – 47,000	5.71	70,500
	47,000.01 – 48,000	5.83	72,000
	48,000.01 – 49,000	5.95	73,500
	49,000.01 – 50,000	6.08	75,000
	50,000.01 – 51,000	6.20	76,500
	51,000.01 – 52,000	6.32	78,000
	52,000.01 – 53,000	6.44	79,500
	53,000.01 – 54,000	6.56	81,000
	54,000.01 – 55,000	6.68	82,500
	55,000.01 – 56,000	6.80	84,000
	56,000.01 – 57,000	6.93	85,500
	57,000.01 – 58,000	7.05	87,000
	58,000.01 – 59,000	7.17	88,500
	59,000.01 – 60,000	7.29	90,000
	60,000.01 – 61,000	7.41	91,500
	61,000.01 – 62,000	7.53	93,000
	62,000.01 – 63,000	7.65	94,500
	63,000.01 – 64,000	7.78	96,000
	64,000.01 – 65,000	7.90	97,500
	65,000.01 – 66,000	8.02	99,000
	66,000.01 – 67,000	8.14	100,500
	67,000.01 – 68,000	8.26	102,000
	68,000.01 – 69,000	8.38	103,500
	69,000.01 – 70,000	8.51	105,000
	70,000.01 – 71,000	8.63	106,500
	71,000.01 – 72,000	8.75	108,000

If you make more than \$72,000 per year, here's the formula to calculate cost.

Multiply your annual salary by 1.5. This gives you the "Amount of Insurance."

Multiply that amount by .000081.

## Optional Insurance

### **Supplemental Term Life Insurance**

The City offers an additional life insurance option—Supplemental Term Life. As long as you are enrolled for Basic Term Life Insurance, you may purchase Supplemental Life Insurance for yourself and your eligible family members. You pay the entire cost for Supplemental Term Life Insurance coverage. In order for your family members to be covered, you must first enroll yourself.

This coverage is subject to various election rules:

- You may purchase up to four times your base salary in Supplemental Term Life Insurance for yourself. The amount is rounded down to the nearest \$5,000. For example, if your salary is \$34,000 and you purchase one times your base salary, your actual coverage amount is \$30,000.
- To cover your spouse/domestic partner, you may purchase in multiples of \$5,000 up to a maximum of 50% of the amount of coverage you purchase on yourself. For example, if you purchase \$120,000 of Supplemental Term Life Insurance on yourself, you may purchase up to \$60,000 of coverage for your spouse/domestic partner.
- You may purchase \$2,000, \$5,000 or \$10,000 of coverage for each child of your children. Children may be covered until their 21st birthday, or 25th birthday if they are full-time students. Coverage cannot exceed 50% of the amount of supplemental coverage you purchase for yourself.

Election rules also state:

- If the Supplemental Term Life Insurance maximum of four times your basic salary exceeds \$500,000 when added to the amount of your Basic Life Insurance, you will need to complete and submit a Medical History Statement regardless of when you enroll.
- If you do not sign up when first eligible, you must submit a Medical History Statement and your coverage will be subject to approval.
- When you are first eligible, you can purchase up to \$50,000 in Supplemental insurance for your spouse/domestic partner without a Medical History Statement. If you want to purchase more than \$50,000 on your spouse/domestic partner, he or she must submit a Medical History Statement. If you wait for open enrollment, a Medical History Statement will be required and must be approved for any amount.

# Optional Insurance

## How to Decide if You Need Life Insurance

Costs for Supplemental Term Life Insurance for you and your spouse/domestic partner are based on **your** age. Costs for covering eligible children are fixed, and the monthly premium is the same regardless of how many children you cover.

When deciding if you should buy life insurance, ask yourself the following questions:

- Am I solely or largely responsible for the financial well-being of my family?
- Would my family need additional income to live on if something happened to me?
- Should I elect coverage now because no Medical History Statement is required but would be required later, and I might not qualify?

If you answered **yes** to these questions, you may want to consider purchasing supplemental life insurance.

## Costs for Covering Yourself and Your Spouse/ Domestic Partner for Supplemental Life Insurance

The following tables show the cost of supplemental GTL insurance for you, your spouse/partner and your children.

Supplemental GTL for Employee and Spouse/Domestic Partner	
Your Age	Monthly cost/\$1,000 of coverage
18-29	\$.032
30-34	\$.048
35-39	\$.064
40-44	\$.090
45-49	\$.152
50-54	\$.232
55-59	\$.360
60-64	\$.552
65+	\$.960

Supplemental GTL for Children	
Amount of coverage	Monthly cost*
\$2,000	\$0.40
\$5,000	\$1.00
\$10,000	\$2.00

\*Cost covers all children.

## Costs for Covering Your Children

## Optional Insurance

### **AD&D**

To supplement your Basic and Supplemental Life Insurance, you may purchase Accidental Death and Dismemberment (AD&D) Insurance for yourself, spouse/domestic partner and/or children. AD&D Insurance pays a death benefit (principal sum or full insurance amount) if the insured person dies due to an accident; it also pays a percentage of the death benefit if the covered person loses a limb(s) or becomes paralyzed. For example, a person who is covered by AD&D Insurance would receive 50% of the principal sum (full insurance amount) if he/she lost a limb from an injury relating to an accident.

You can cover yourself in \$25,000 increments up to \$500,000. The amount of coverage for your dependents is a percentage of your coverage amount. For example, John Smith has "Employee and Family" coverage for himself and his two children (no spouse). If one of his children dies, he receives a payout of 20% of the principal sum. If John had a spouse, he would receive 15% of the principal sum if his child were to die. Charts showing costs and payout percentages can be found on the next page.

### **How to Decide if You Need AD&D**

If you don't have life insurance or other insurance plans to cover your family if something should happen to you, you should consider purchasing AD&D coverage.



# Optional Insurance

## Accidental Death & Dismemberment Costs

**Cost of AD&D for  
"Employee Only"  
and "Employee and  
Family" Coverage**

### Monthly Cost to Employee:

Principal Sum:	Employee Only:	Employee and Family
\$25,000	\$0.38	\$0.63
50,000	0.75	1.25
75,000	1.13	1.88
100,000	1.50	2.50
125,000	1.88	3.13
150,000	2.25	3.75
175,000	2.63	4.38
200,000	3.00	5.00
225,000	3.38	5.63
250,000	3.75	6.25
275,000	4.13	6.88
300,000	4.50	7.50
325,000	4.88	8.13
350,000	5.25	8.75
375,000	5.63	9.38
400,000	6.00	10.00
425,000	6.38	10.63
450,000	6.75	11.25
475,000	7.13	11.88
500,000	7.50	12.50

**Payout Amounts if  
"Employee and  
Family" Coverage is  
Selected**

Family includes employee and:	Percentage of principal sum you receive if your spouse/partner dies	Percentage of principal sum you receive if a child dies
Spouse/DP Only (no children)	60%	0%
Spouse/DP & Children	50%	15%
Children Only (no spouse/DP)	0%	20%

# Optional Insurance

## Long-Term Care

The City offers a Long-Term Care Program underwritten by John Hancock Insurance Company. New employees are guaranteed acceptance if you enroll within 60 days of your hire date. Guaranteed acceptance means that you cannot be turned down regardless of any existing medical condition. You can enroll in the Long-Term Care plan at any time, but if you wait and enroll later, you will have to provide proof of good health and could be denied coverage.

Long-Term Care coverage is available to your spouse/domestic partner, parents and parents-in-law, grandparents and grandparents-in-law, siblings and their spouses, children and their spouses. All must be age 18 or older. Family members can enroll at any time, but must provide proof of good health (a form is included in the enrollment kit). Family members can enroll even if you choose not to accept coverage.

The Long-Term Care plan covers services such as:

- Skilled, intermediate, and custodial nursing home care;
- Therapy ordered by a physician and provided by a registered nurse or other qualified health care professional, and
- Assistance with the activities of daily living, such as bathing, eating, or dressing, provided by formal or informal caregivers.

Our plan provides options that can make coverage more affordable, including:

- Choice of a daily maximum benefit amount from \$100 to \$300; and
- Built-in inflation protection or the opportunity to purchase additional coverage in the future (future purchase option).

## How to Determine if You Need Long-Term Care Insurance

You should consider purchasing Long-Term Care Insurance if you have a history of disabling hereditary illness in your family (such as Alzheimer's Disease), if you have an existing medical condition that will worsen over time, or if your family would have to use savings or sell assets to pay for long-term care.

For more information or to request an enrollment kit, visit the John Hancock website <http://cityofseattle.jhancock.com/> (user name: cityofseattle; password: mybenefit) or call a representative at 1-800-439-3030.

# Flexible Spending Accounts

## Flexible Spending Accounts

The City's Flexible Spending Account (FSA) Plans allow you to set aside pre-tax dollars from your paycheck (\$300 annual minimum, \$5,000 annual maximum for each plan) to pay for eligible expenses not covered through other benefit programs. When you put money into an FSA, you do not pay federal or Social Security taxes on it. As a result, your taxable income is reduced and your taxes are lower.

You can sign up for flexible spending accounts within 31 days of your hire date, during an open enrollment period, or within 31 days of a qualifying change in family status. There are two types of FSA Plans:

## Health Care Account

**Health Care FSA** – allows you to set aside money to pay for expenses not covered by your health plans (e.g., deductibles, copays, or expenses for orthodontia that exceed the plan maximum). You can also pay for many over-the-counter drugs such as cold and flu remedies, pain relievers and antacids. Vitamins can be an allowable expense when prescribed by your doctor; include the prescription with the request for reimbursement. Health care premiums are not eligible expenses because they are already deducted from your paycheck on a pre-tax basis.

## Dependent Care Account

**Dependent Care FSA** – allows you to set aside money to pay for eligible dependent care expenses for your child, disabled spouse, or dependent parent (or anyone who qualifies as a dependent on your IRS tax form) while you and your spouse/domestic partner work (\$5,000 annual maximum).

As you incur eligible expenses, you submit bills and receipts, and receive reimbursement up to the amount you elect to have withheld from your paychecks throughout the year. There are restrictions on the amount you can contribute and the types of expenses that can be reimbursed. Money left in the account at the end of the year cannot be refunded.

## Work Life Programs

### **Employee Assistance Program (EAP)**

Confidential, professional assistance in dealing with issues such as eating disorders, stress, family relationship concerns, work-related problems, financial issues and alcohol and drug problems is available for you and your family through Wellspring Family Services. No enrollment is necessary. Employees and/or family members can receive up to six 1-hour visits per year free of charge. To reach Wellspring Family Services, call (206) 654-4144 or (800) 311-0216.

### **Alternative Dispute Resolution (ADR) Program**

The City's ADR Program provides dispute resolution training and services for City departments and employees to help them develop skills to prevent, resolve or manage workplace conflict in a collaborative manner. ADR can help you determine the best conflict resolution process to fit the issue at hand. Talk to a trained mediator or set up a mediation session to solve disagreements in work style, personality conflicts, or other workplace issues. This is a voluntary, confidential program. Call 615-0089 or 615-1692. TTY number is 684-7888.

### **Quit Smoking Program**

We are committed to helping our employees become free of tobacco, so the City of Seattle fully subsidizes the cost of the Quit For Life Program through Free and Clear. Employees (and their eligible dependents age 18 or over) pay nothing for the program. Even the cost of nicotine patches/gum is covered. To enroll, call Free and Clear at 1-866-QUIT-4-LIFE (1-866-784-8454) or enroll online at <https://www.freeclear.com/webenroll/Seattle/>

### **Commute Trip Reduction Programs**

Visit the City's intranet site at <http://inweb/sdot/ctr> to learn more about Commute Trip Reduction Programs such as the Guaranteed Ride Home and Bike to Work Day. If eligible, you also can park at the Seattle Municipal Tower or SeaPark for a reduced fee twice a month.

## Work Life Programs

### **Transit Pass Subsidy and Tax Savings Program**

The City of Seattle encourages employees to use alternatives to driving alone to work. Effective January 2009, City of Seattle employees are eligible to receive a transit subsidy up to the equivalent of a one-zone peak monthly Metro bus pass.

To sign up for payroll deduction for a monthly or annual transit pass, log on to the Employee Self Service webpage (instructions at <http://inweb/sdot/ctr/transit.htm>).

Eligible employees may purchase a monthly transit pass at a variety of locations in the City, listed here: <http://inweb/sdot/ctr/bus.htm>.

The Internal Revenue Code allows up to \$115 per month (less City subsidy) for transit passes to be deducted from paychecks on a pre-tax basis. Once the deduction has been withheld from your paycheck, the IRS will not allow you to revoke the deduction or receive a refund. Any amount over the allowable maximum will be deducted from post-tax dollars. Actual savings will vary depending on your federal tax filing status and the amount of the transit pass. Employees who purchase a payroll-deducted transit pass are automatically enrolled in the pre-tax plan.

### **Zipcar**

City employees can get a discounted membership in Zipcar. The City will pay the application and annual fees. Your monthly costs as a member will vary depending on how much you use the Zipcar vehicles.

Use a rideshare mode to get to work. Then use Zipcar to go to doctor appointments, do special errands during the day, or drive home after working an extended day. Zipcar vehicles are located throughout Seattle and in Bellevue. You'll have access to the entire Zipcar fleet on evenings and weekends.

For more information and to apply online, go to [www.zipcar.com/cityofseattle](http://www.zipcar.com/cityofseattle).

# Leave Policies

## Vacation

You earn vacation based on the number of hours you work regular (non-overtime) hours. You accumulate vacation based on a maximum of 80 hours per pay period. (See the vacation accrual chart below.) Approximately 2,088 hours of regular pay status equal one year of full-time employment. Your vacation accrual rate is 12 days per year for your first four years of service. The accrual rate gradually increases to 20 days per year after 20 years of service with an additional day per year of service thereafter to a maximum of 30 days.

You can accumulate two times your annual vacation without penalty. The amount of vacation you have earned and not used is shown on your biweekly paycheck. You may also view this information through Employee Self Service at <http://selfservice/>

You must wait six months after your initial hire date (or your most recent temporary appointment if you provided temporary service and were regularly appointed without a break in service) to take vacation. Follow your department's protocol for requesting and taking vacation.

Your unused vacation balance will be cashed out when you leave City employment, unless your collective bargaining agreement provides otherwise.

Represented Employees should also see their collective bargaining agreements for provisions regarding leave policies.

If any of this information differs from the union bargaining agreement, the bargaining agreement prevails.

Hours of Regular Pay Status	Years of Service	Vacation Accrued per Hour	Days per Year	Hours per Year	Maximum Balance
Less than 08321	0 to 4	.0460	12	96	192
08321 to 18720	5 to 9	.0577	15	120	240
18721 to 29120	10 to 14	.0615	16	128	256
29121 to 39520	15 to 19	.0692	18	144	288
39521 to 41600	20	.0769	20	160	320
41601 to 43680	21	.0807	21	168	336
43681 to 45760	22	.0846	22	176	352
45761 to 47840	23	.0885	23	184	368
47841 to 49920	24	.0923	24	192	384
49921 to 52000	25	.1000	25	200	400
52001 to 54080	26	.1038	26	208	416
54081 to 56160	27	.1038	27	216	432
56161 to 58240	28	.1076	28	224	448
58241 to 60320	29	.1115	29	232	464
60321 and over	30	.1153	30	240	480

## Leave Policies

### Sick Leave

Sick leave is a short-term disability program that pays your wages if you must be absent from work because of your own personal illness, injury or disability which makes you temporarily unable to perform your job. You may also request sick leave compensation when you are absent because of illness, injury or disability of your spouse or domestic partner, parent or dependent child. Finally, you may request sick leave compensation to cover time missed for your medical or dental appointments or to accompany your eligible family member(s) to medical or dental appointments. You are eligible to use available sick leave hours after 30 days of employment.

All regularly appointed full-time employees accumulate 12 days or 96 hours of sick leave per calendar year, at the rate of .046 hours per hour on regular pay status. If you are absent more than four consecutive work days, you must submit a medical certification stating why you needed sick leave and confirming your ability to return to work. In addition, your supervisor may, with justification, require a medical certification every time you request sick leave regardless of the length of your absence. When you retire through the City of Seattle Retirement System you are eligible to receive a cash equivalent of 25 percent of unused sick leave hours, unless your union has elected to participate in VEBA or you are eligible to defer your sick leave into Deferred Compensation. Check with your HR representative.

### Sick Leave Transfer

The City has a sick leave transfer program. You may request to receive up to 560 hours of donated sick leave for any single qualifying incident from other employees if you meet all of the following conditions:

- You have exhausted, or will exhaust in the current pay period, your paid leave balances due to a personal illness, injury, impairment, or physical or mental condition which is likely to cause you to go on leave without pay, or to leave City employment.
- You provide a medical certification from your health care provider verifying the nature and expected duration of your condition and the need to be off work.
- You have used your sick leave balance judiciously.
- You are not eligible for benefits under SMC Chapter 4.44 or under the State Industrial Insurance and Medical Aid Acts.

You may also donate 8 or more sick leave hours to an approved recipient employee provided the donation will not cause your sick leave balance to fall below 240 hours.

For more information on sick leave transfer, see Personnel Rule 7.7.5 and your department's policies.

# Leave Policies

## Holidays

Most City employees are eligible for 10 official paid holidays and two personal paid holidays per year. To qualify for a paid holiday, you must be on regular pay status either the day before or the day after the observed holiday. However, if you returned the day after a holiday, but had been on unpaid leave for more than four days immediately preceding the holiday, you would not be eligible for holiday pay. For more information regarding holiday leave policies, consult Personnel Rule 7.6 at <http://inweb/personnel/policy/> and any applicable union contract.

Here is the 2009 holiday schedule.

<b>New Year's Day</b>	Thursday, 1/01/2009
<b>Martin Luther King Jr. Day</b>	Monday, 1/19/2009
<b>President's Day</b>	Monday, 2/16/2009
<b>Memorial Day</b>	Monday, 5/25/2009
<b>Independence Day</b>	Friday, 7/03/2009
<b>Labor Day</b>	Monday, 9/07/2009
<b>Veterans' Day</b>	Wednesday, 11/11/2009
<b>Thanksgiving Day</b>	Thursday, 11/26/2009
<b>Day following Thanksgiving</b>	Friday, 11/27/2009
<b>Christmas Day Observed</b>	Friday, 12/25/2009
<b>New Years Day 2010</b>	Friday, 1/1/2010

You must use your two personal (floating) holidays during the calendar year or you will forfeit them.

## Emergency Day

Some union agreements provide for an emergency day. This is a day to take care of an urgent personal situation. Check your collective bargaining agreement for more information.



## Leave Policies

### Floating Holidays

You will be credited with two floating (personal) holidays on January 1 of each year. Individuals with more ten or more years of service credit receive four personal floating holidays. You may take them in full-day increments at any time with supervisory approval. Personal holidays cannot be carried over from year to year nor can they be cashed out at the end of the year. Use them or lose them!

Employees who work a 4/10 or 9/80 schedule receive eight hours pay per holiday. They must cover the difference with vacation or compensatory time, take it without pay or work flex hours. For more information about holidays, see the City of Seattle Employee Handbook or Personnel Rules at: [http://inweb/personnel/policy/rule\\_7.6.asp](http://inweb/personnel/policy/rule_7.6.asp). Represented employees should also see their collective bargaining agreements for provisions covering personal holidays.

### Funeral Leave

The City provides eight hours of funeral leave, which is not chargeable to sick leave or vacation, to full-time employees attending the funeral of a close relative. An additional eight hours of funeral leave is permitted if funeral attendance requires round-trip travel of 200 miles or more. You may also take up to 32 hours chargeable to sick leave, but the combination of funeral leave and sick leave cannot exceed 40 hours for any single occurrence. Funeral leave and sick leave used for funeral attendance are prorated for part-time employees.

For more information about funeral leave, see page 46 of the City of Seattle Employee Handbook or Personnel Rules at: [http://inweb/personnel/policy/rule\\_7.8.asp](http://inweb/personnel/policy/rule_7.8.asp)

For purposes of funeral leave, a close relative is defined as the employee's spouse or domestic partner, and the parent, child, sibling, grandparent and grandchild of the employee or the employee's spouse or domestic partner. Step parents as well as adoptive and foster parents are included. Your department head may also approve the use of up to 40 hours of sick leave for a full-time employee to attend the funeral of a relative other than a close relative.

You may, with supervisory approval, take vacation or other discretionary leave to attend the funeral of a friend, co-worker or other individual who is not a close relative. You may also take vacation or other discretionary time off if you need additional time to settle the deceased's estate and other affairs, or to properly mourn your loss.

## Leave Policies

### **Military Leave**

Upon presentation of your military orders, you are eligible for up to 15 working days of paid military leave per calendar year. A "working day" for purposes of military leave is usually equivalent to your regular workday. For more information see the City of Seattle Employee Handbook or Personnel Rules at:

[http://inweb/personnel/policy/rule\\_7.9.asp](http://inweb/personnel/policy/rule_7.9.asp)

You will be granted job-protected leave to enter the United States armed services. Generally, you may be gone for up to five years. You will be returned to your job as long as you are honorably discharged and report to work within the time period specified by state and federal law.

### **Family and Medical Leave**

The City provides up to 90 calendar days of unpaid Family and Medical Leave per year. You may receive this in addition to any paid leave for a properly certified Family and Medical Leave qualifying condition. You may take your paid leave in addition to, or instead of, the unpaid Family and Medical Leave. When you use Family and Medical Leave for the non-medical care of your newborn child or for a child who has been placed with you for foster care or adoption, you must provide 30 days advance notification, when possible. You must also write and sign a memorandum attesting to the date of the child's birth or placement with you. When you use Family and Medical Leave for your own serious health condition or to care for the serious health condition of an eligible family member, you must provide as much notification as possible. You must also submit your health care provider's certification of a serious health condition. Additionally, you will need your health care provider's release to return to work. For more information see the City of Seattle Employee Handbook or Personnel Rules at: [http://inweb/personnel/policy/rule\\_7.1.asp](http://inweb/personnel/policy/rule_7.1.asp)

### **Sabbatical Leave**

You will be eligible to request an unpaid sabbatical leave of absence of up to 12 months after completing the equivalent of seven years of continuous full-time regular City employment. A sabbatical leave differs from a personal leave of absence in that returning to your job is guaranteed. (This guarantee is no greater than if you were not on leave.) In addition, you will receive health care benefits at the rate of one month of coverage for every year of completed employment, to a maximum of 12 months. You may also cash out any unused sick leave over 240 hours at 25% of its current value.

For additional information, go to the Employee Handbook or Personnel Rules at [http://inweb/personnel/policy/rule\\_7.4.asp](http://inweb/personnel/policy/rule_7.4.asp)

# Employee Rights and Responsibilities

## Your Work Environment

As a City employee you have a number of rights and responsibilities.

You have the right to a work environment that is free from discrimination and harassment based on race, gender, age, national origin, color, creed, gender identity, religion, ancestry or presence of any sensory, mental or physical disabilities. You should report any incident of illegal harassment or discrimination you experience or witness to the proper authority. You will find the procedure for reporting and investigating allegations of workplace harassment at <http://inweb.ci.seattle.wa.us/personnel/programs/complaint.asp>

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## Employment

Your position (job) may be represented under the terms of a collective bargaining agreement between the City and an authorized union. If so, you are eligible for all the rights and conditions of employment described therein. The provisions of your collective bargaining agreement will supersede any Personnel Rules, policies or procedures with which they conflict.

You have the right to compete openly for City jobs for which you are qualified. You may use City time and equipment (e.g., computers, and copiers) within reason, to participate in City job application, interview and testing processes.

**Please note:** We've made every attempt to ensure the accuracy of this information. If there is any discrepancy between this booklet, the insurance contracts, other legal documents or the terms of an authorized collective bargaining agreement, the contracts, legal documents and applicable collective bargaining agreements will always govern. The City of Seattle intends to continue these plans indefinitely but reserves the right to amend or terminate them at anytime in whole or part, for any reason, according to the amendment and termination procedures described in the legal documents. This booklet does not create a contract of employment with the City of Seattle.

# Retirement

## Deferred Compensation Savings Plan

The City offers two programs to help you prepare financially for retirement.

You may participate in an IRS Section 457 Deferred Compensation Plan administered by Prudential Retirement. You may enroll any time throughout the year. This plan allows you to save a portion of your annual income to supplement retirement funds. Contributions are made through payroll deductions from your pre-tax gross pay. You have the choice of several investment options to diversify your savings. For more information regarding the Deferred Compensation Plan contact Prudential at 1-800-833-5761.

- You may enroll, as well as start and stop your contributions to this program, at any time.
- You may contribute as little as \$20 per month and as much as 50% of your annual taxable income up to the annual limit shown below.
- You do not pay federal income tax on your money until it is withdrawn.
- You can apply for a loan, not to exceed the lesser of \$50,000 or half your account balance.
- You are eligible to withdraw your money only when you leave City service, regardless of age.
- Hardship withdrawals are available, subject to IRS rules and approval by the Plan trustees.
- You can deposit a portion of your sick leave balance (if eligible) and all your vacation payout to your account when you retire.
- You may deposit your vacation payout to your account when you leave City service.

Year	Regular Contributions Limit	Contribution Limit for employees over age 50
2009	\$16,500	\$5,500

# Retirement

## Seattle City Employees' Retirement System

Membership in the Seattle City Employees' Retirement System is mandatory if you are hired into a civil service job. Upon employment, you automatically become a member. You contribute 8.03% of your salary to your retirement fund through payroll deduction (taken pre-tax). If you are an exempt employee (Civil Service Exempt), membership in the City's Retirement System is optional and you may enroll at any time.

If you are a former City employee and are interested in acquiring service credit toward retirement based on your previous employment, you should contact the Retirement Office for details about available opportunities.

If you have worked for the state or other local governments, ask the Retirement office how you can combine your retirement credits

Active employees are eligible for retirement after accumulating:

- 5 years of service - and are 62 years of age;
- 10 years of service - and are 57 years of age;
- 20 years of service - and are 52 years of age;
- 30 years of service - you may be any age.

For more information call the City of Seattle Retirement Office at (206) 386-1292, visit their website at [www.seattle.gov/retirement](http://www.seattle.gov/retirement) or email the Retirement Office at [City.Retirement@Seattle.gov](mailto:City.Retirement@Seattle.gov).

## Retirement System Death Benefit

Active employees are automatic members of the Death Benefit Program. Retirees may choose whether or not to retain this policy. The intended purpose of this policy is to be an adjunct to your burial insurance. The benefit is \$2,000 and payable only to the beneficiary. The premium is \$12.00 per year, deducted in February. The policy has no cash value for the retiree.

# Glossary

<b>Balance billing</b>	The amount over and above your co-insurance amount that you may be required to pay if you use a non-network provider. See the explanation for <b>Paying an Out-of-network provider</b> at the end of this Glossary.
<b>Coinsurance</b>	The arrangement by which both the Plan and the employee share a specified ratio of the covered expenses under the policy. For example, the Aetna Open Choice Traditional Plan pays 80% of most covered expenses while the employee pays the remaining 20% of covered expenses once the deductible has been met.
<b>Copay</b>	A fee paid at the time a medical or dental service is provided. A copay may be a percentage of charges, but is usually a flat fee. In general, copayments may not be applied toward the coinsurance or out-of-pocket deductibles.
<b>Deductible</b>	The amount of covered expenses that must be incurred before benefits are paid by the Plan. The deductible is set on an annual basis and there are individual and family deductibles.
<b>Eligible Expenses</b>	Expenses as defined in the health plan as being eligible for coverage. This could involve specified health services fees or "reasonable and customary charges."
<b>Formulary</b>	A list of preferred brand-name and generic drugs. Drugs are selected for inclusion based on evaluation criteria developed by each Plan. Formularies are different depending on the Plan, and may change to include new drugs or to drop brand-name drugs as generic equivalents become available.
<b>Generic Drug</b>	A drug which contains the same active ingredients in the same amounts as the brand-name product, although it may differ in color, shape or size from the brand-name product. It is produced after the brand name drug's patent has expired. It is also called a "generic equivalent."
<b>Network Provider</b>	A medical provider, such as a physician, who has a signed contract to participate in a health plan. Also known as a preferred provider.
<b>Non-network Provider -</b>	A provider who has not signed a contract with a health plan. Also known as a non-preferred provider.
<b>Out-of-Pocket Cost</b>	The amount not covered by the plan that the plan member pays. This includes such things as coinsurance, deductibles, etc.

<b>Out-of-Pocket Limit (Out-of-Pocket Maximum)</b>	The amount of copays and/or coinsurance an individual will be required to pay within a calendar year before most covered expenses are covered in full.
<b>Pre-existing condition</b>	A physical condition that existed prior to the effective date of a policy. In many health policies these are not covered until after a stated period of time has elapsed. The City's medical plans cover all pre-existing conditions.
<b>Preferred Provider</b>	A medical provider, such as a physician, who has a signed contract to participate in a health plan. Also known as a network provider
<b>Preventive Care</b>	Care that consists of routine physical examinations and immunizations. The emphasis is on preventing illnesses before they occur.
<b>Recognized Charge</b>	The charge determined by Aetna on a semiannual basis to be in the 70 <sup>th</sup> percentile of the charges made for a service or supply by providers in the geographic area where it is furnished.

## **PAYING OUT OF NETWORK CLAIMS**

The following is an explanation of how out-of-network claims are paid by Aetna. This will explain how "Recognized Charges" are used, and how the amount that you are "balance billed" is calculated.

### **Explanation of Terms**

**Recognized Charge** - The charge determined by Aetna on a semiannual basis to be in the 70<sup>th</sup> percentile of the charges made for a service or supply by providers in the geographic area where it is furnished. The 70<sup>th</sup> percentile is determined by the maximum amount that 70% of providers charge for a particular service in the geographic area where the service is provided. For example, if 70% of the doctors in a specific area charge \$100 or less for an office visit, the Recognized Charge at the 70<sup>th</sup> percentile would be \$100.

**Out-of-network reimbursement level** – The percentage of the "Recognized Charge" that Aetna will reimburse an out-of-network provider. Aetna uses 60% of the "Recognized Charge" for most eligible claims. The member pays the remaining 40% of the "Recognized Charge."

**Out-of-network provider** – A provider who does not have a contractual reimbursement relationship with Aetna. When Aetna receives a claim from an out-of-network provider, Aetna determines the "Recognized Charge" and pays 60% of that amount if the out-of-pocket maximum has not been satisfied, even though the provider may actually charge more than the "Recognized Charge."

## Who to Contact if You Have Questions

If you have questions, contact the following organizations by phone or obtain information through their web sites. The Personnel Department's Central Benefits Unit can be reached at 615-1340. (If the link doesn't work, copy it and paste it into the address line of your web browser)

Aetna	877-292- 2480	<a href="http://www.aetnanavigator.com">www.aetnanavigator.com</a>
Group Health Cooperative	888 901-4636	<a href="http://www.ghc.org">www.ghc.org</a>
Vision Service Plan	800- 877-7195	<a href="http://www.vsp.com">www.vsp.com</a> click on "Members and Consumers"
Washington Dental Service (WDS)	206-522-2300 or 800-554-1907	<a href="http://www.ddpwa.com">www.ddpwa.com</a>
Dental Health Services	206-788-3444 877-495-4455	<a href="http://www.dentalhealthservices.com/cityofseattle">www.dentalhealthservices.com/cityofseattle</a>
Prudential Retirement Bill Miller	800-833-5761 206-447-1924	<a href="http://www.prudential.com/online/retirement">www.prudential.com/online/retirement</a>
Employee Assistance Program	206-654-4144 or 800-553-7798	<a href="http://www.eapfs.com">http://www.eapfs.com</a> Click on "I am an Employee" Username: "City of Seattle"
Long-Term Care John Hancock Insurance	800-439-3030	<a href="http://www.cityofseattle.jhancock.com">www.cityofseattle.jhancock.com</a> User name: cityofseattle Password: mybenefit
Life, AD&D, LTD		Your Department/HR Representative
Alternative Dispute Resolution	206-615-0089 206-615-1692 206-684-7888 TTY	<a href="http://inweb/personnel/programs/adr.asp">http://inweb/personnel/programs/adr.asp</a>
Health/Dependent Care Flexible Spending Accounts	206-625-1800 800-967-3709 FAX: 206-682-8016	Benefits Administration Company <a href="http://www.benefitadministrationcompany.com">www.benefitadministrationcompany.com</a>
City's Central Benefits Unit	206-615-1340	<a href="http://inweb/personnel/benefits">http://inweb/personnel/benefits</a>
Employee Self-Service		<a href="http://selfservice/">http://selfservice/</a>